result of the local injection; the eyelid, the eyebrow, and the side of the eye, have all been opened for the liberation of matter.

4. It is very interesting to observe, that in this girl the injection of morphia into the cellular tissue was most effectual; but that morphia given by the stomach was of no benefit at all, but always did harm; that general irritation to the nervous system was produced; that sleep hardly ever followed, and was then probably accidental, because so seldom, but that sickness, nausea, giddiness, etc., almost always accompanied its administration by the stomach, whatever the strength of the dose happened to be.

In considering the results of the trial of the local treatment in the two cases, the advantages obtained appear to me to be—

1. That much less constitutional (nervous) irritation attends the local introduction of the narcotic than when it is given by the stomach.
2. That the effect of the narcotic is more immediately produced.
3. The action of the narcotic appears more sure when injected. The exact amount taken into the circulation can be more readily seen, and the risk of contamination or alteration which it is exposed to, given by the stomach, is avoided.
4. It appears to exert more benefit on the local affection when it has to be absorbed from the part affected itself, probably from being brought more directly into contact with the nerves involved in the disease.

On the other hand, there are the disadvantages; these are chiefly—

1. The pain occasioned by the introduction of the fine canula.
2. The chance of the fluid escaping from the wound or puncture.
3. The production of local inflammation, effusion of blood, abscess.

To conclude: are the disadvantages of such import that they ought to preclude the local employment of narcotics by injection? do the advantages preponderate over them? I think they do; and that the disadvantages are only those which, with care and experience, may either be avoided, or much diminished; for instance—1. By employing such a syringe as that used for the perchloride of iron (to inject aneurisms, etc.), with a very fine point to the nozzle, the pain is not more than that occasioned by the prick of a needle. 2. By having the injecting tube no larger than that of such fine syringes, the puncture in the integument is so small that the fluid does not escape. 3. With regard to the formation of abscess; it is only, for the most part, after repeated injections have been made in one place that such happens. One great thing then to avoid it is, to vary as much as possible the exact site to be injected, still injecting in the painful part, or to cease injecting for a time. The necessarily acid state of the solution of the morphia (for it must be strong), is certainly another disadvantage; but as irritation to the integument appears produced, as little acid as possible ought to be employed, and any excess in the solution neutralized by potash. These inconveniences being obviated as much as possible by the means pointed out, I think such advantages as the more rapid introduction of the remedy into the system, the avoidance of constitutional (especially nervous) irritation, the greater certainty of the effect, and the more concentrated effect of the remedy on the painful part ought not to hinder the local treatment of neuralgia from having a fair trial.

17. *Use of Ox-Gall in Hypertrophies.*—Dr. BONORDEN believes that this remedy is much less employed than it deserves to be. It has usually been employed internally only as a resolvent in chronic constipation, and externally in opacities of the cornea. He believes it exerts a special effect on the metamorphoses taking place in the capillaries; and for that reason is highly efficacious in all forms of hypertrophy. In induration and hypertrophy of the *mamma*, it exerts a surprisingly rapid effect, and in this way tumours and indurations have been dispersed by him, which would have been by others removed by the knife. He usually employs it in combination with olive oil, adding conium if there is pain, and liq. ammon. if there is torpidity. The following formula is very useful: ℞.—Fell. tauri inspiss. ʒiij; ext. conii mac. ʒj; saponis natronat. ʒij; olei oliv. ℥j. M. and rub four times daily. Formerly, he was in the habit of excising hypertrophied *tonsils*, a practice which he has quite left off since he has been aware of the powerful agency of this substance. The gall, rubbed up with water into the consistency of an ointment, is applied by means of a good-sized camel's hair

pencil, twice a day to the entire surface of the tonsil. It causes a slight irritation which lasts about half an hour, and is succeeded by an augmented secretion of mucus. Unpleasant to the patient at first, he soon gets accustomed to it; and indurations which have lasted for years give way under its use in a surprisingly short time. In all hypertrophic affections of the *eye*, as hypertrophic opacity of the cornea, pannus, and staphyloma, the ox-gall does good service. Either the fresh gall may be dropped into the eye several times a day, or it may be applied to it with a pencil. In various other hypertrophies, which are accessible to external applications, we may resort to it, as when they affect the ear, mouth, vagina, uterus, or skin. He suggests its employment in hypertrophy of the heart, in consequence of the remarkable power it possesses of diminishing the action of this organ.—*Med. Times and Gaz.*, Oct. 2, 1858, from *Berlin Med. Zeitung*, No. 6.

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18. *Dropsy treated with Lemons.*—Dr. TRINKOWSKY, a Russian medical officer, reports that in many cases of dropsy, which he has treated within the last seventeen years, he has observed the diuretic operation of lemons in a most remarkable manner, and even where other remedies had failed.

He is in the habit of directing that a lemon, freed from its skin, should be cut in pieces and sprinkled with sugar, and eaten by the patient. The dose at first to be one lemon in the day, gradually increasing the quantity, so that in one of his recorded cases eighteen were consumed in twenty-four hours. If pyrosis be produced, magnesia is given; and if the bowels be acted on, the use of lemons should be intermitted for a day.—*Dublin Hosp. Gaz.*, Aug. 15, 1858.

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19. *Relative Value of the Different Anthelmintics in the Treatment of Tænia.*—Dr. PEACOCK states, that as a general result of his experience, both in public and in private practice, he prefers the oil of male fern to all other remedies, and that he holds the kousso in very light estimation indeed. It appears that of the hospital cases respecting which notes have been preserved, the fern oil was given in thirty-five. Of these, in sixteen no other remedy had been previously tried, and in this group the result was always satisfactory, the animal being expelled in a dead or dying state. In seven cases the oil was given after the partially successful use of kousso, and in all these more of the worm was brought away. In three, after partial success by pomegranate bark, the oil brought away other portions of the parasite, and in one a like result was obtained after the use of the turpentine draught. In six cases in which the oil was used, either the result was not satisfactory, or the patient did not attend again. The dose of the oil given was from half a drachm to a drachm and a half to children, and from a drachm to three drachms to adults.[1]

The cases in which the kameela was given are seven. In five of these no other remedy had been previously tried, and in all these portions of worm (generally quite alive) were expelled. In one the expulsion of worm was caused after kousso had been tried without effect, and in the fifth, which was under similar circumstances, a like negative result followed its use also. In two cases, after the successful employment of the kameela, the oil of fern was employed without procuring the expulsion of any more of the worm. The dose of kameela prescribed was from half a drachm to a drachm for children, and from one to three drachms to adults.

It would from the above facts appear that kameela is more efficient than kousso, but that it must rank as a vermifuge rather than a true vermicide. After the fern oil the animal is usually voided dead. An important statement with regard to the comparative value of kameela, is made by Mr. HENRY CALLAWAY, formerly of Finsbury-circus, but now a medical missionary amongst the Zulus. The ka-

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[1] We are informed that great care is necessary on the part of the dispenser, in order to avoid disappointment in the use of the oil of fern. Its ethereal solution, which is by far its best preparation, on standing deposits its resinous principle. A prolonged shaking is necessary to secure readmixture. Unless the dispenser pay more than usual attention to this matter, the patient is very likely to get a dose which is but little more than ether.